

NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY GRADUATE SPECIAL STUDENT APPLICATION

OFFICE USE ONLY: \$25 FEE PAID: ☐

NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY	

				(IF KNOWN)		
NAME:						
(LAST)	(FIRST)	(MIDI	DLE)	(MAIDEN)		
Address: (Street						
(STREET	OR BOX NUMBER)	(0	CITY)	(STATE) (Z	ZIP CODE)	
TELEPHONE NUMBER:		E-MAIL:				
NATIONALITY AND ETHNICI	TY*:	DATE OF BIR	TH:	Sex:		
STATUS SOUGHT: AUE	DITOR TRANSIENT ST	udent 🗆 Non-Degree 🗆 Gr	ADUATE CERTIFICATE	:		
				(Type of Certifica	TE)	
WHEN DO YOU WISH TO BEG						
WHEN DO TOO WISH TO BE	IIV TOUR WORK:	(SEMESTER, YEAR)				
How long have you been	A CHRISTIAN?		ARE YOU MARRIE	D? ☐ YES ☐ N	Ю	
HAVE YOU EVER BEEN DIVOR	RCED OR LEGALLY SEPARA	ATED?	More than once	3?		
HAVE YOU EVER BEEN UNDE	ER THE CARE OF A PSYCHI	ATRIST, PSYCHOLOGIST, AND/OR	COUNSELOR? ☐ YES	□No		
IF YOU HAVE CHILDREN, PLE	EASE GIVE THE NAME, SEX	, AND AGE OF EACH				
CURRENT DENOMINATIONAL		, Dupmen 2				
☐ SOUTHERN BAPTIST		I-BAPTIST } ER BAPTIST }	(PLEASE SPE	CCIFY)		
			(I BENGE SI E	CII 1)		
PRESENT PLACE OF CHURCH	I MEMBERSHIP		RCH NAME)			
Chinch Appress		,	,			
CHURCH ADDRESS (STREET	OR BOX NUMBER)	(CITY)	(STATE	(ZIP CODE)		
STATE THE FULL EXTENT OF	F ANY PREVIOUS STUDY:					
Institution	LOCATION	DATES OF ATTENDANCE	Degree?	YEAR REC'D	?	
(HIGH SCHOOL)						
(COLLEGE)						
(SEMINARY)						

SUPPORTING DOCUMENTS:

ALL STUDENTS SEEKING TO TAKE MASTERS LEVEL CLASSES WILL HAVE TO SUBMIT THE FOLLOWING:

- 1. AN OFFICIAL TRANSCRIPT FROM YOUR UNDERGRADUATE INSTITUTION, INCLUDING YOUR DATE OF GRADUATION AND DEGREE EARNED PRINTED ON THE TRANSCRIPT. THIS ORIGINAL TRANSCRIPT MUST BE RECEIVED IN AN ENVELOPE SEALED BY THE ISSUING INSTITUTION.
- 2. ALL STUDENTS WHO CHOOSE TO ATTEND <u>SEMESTER LENGTH CLASSES IN LOUISIANA</u> ARE REQUIRED BY STATE LAW TO PROVIDE PROOF OF IMMUNIZATION. PLEASE HAVE THE ATTACHED IMMUNIZATION FORM FILLED OUT BY A HEALTH CARE PROVIDER AND SUBMIT IT TO THE REGISTRAR'S OFFICE.

IN ADDITION, ALL NON-DEGREE STUDENTS AND GRADUATE CERTIFICATE STUDENTS WILL HAVE TO SUBMIT THE FOLLOWING:

- 3. THE ATTACHED HEALTH CERTIFICATE, FILLED OUT BY A HEALTH CARE PROVIDER
- 4. REFERENCE LETTERS FROM THREE REFERENCES WHO HAVE KNOWN YOU WELL FOR AT LEAST ONE YEAR. YOU NEED TO HAVE REFERENCES FROM A PASTOR, A CHURCH LEADER IN YOUR CURRENT CHURCH, AND A FRIEND. PLEASE FIND THE FORMS ATTACHED TO THIS APPLICATION, AND HAVE YOUR REFERENCES MAIL OR FAX THEM TO THE REGISTRAR'S OFFICE AT THE ADDRESS ON THE FORM.
- 5. THE CHURCH STATEMENT FORM, VOTED ON AND COMPLETED BY YOUR CHURCH AND RETURNED TO THE REGISTRAR'S OFFICE

IN ADDITION, ALL STUDENTS WHO WISH TO EARN A DEGREE FROM NOBTS MUST FILL OUT THE COMPLETE MASTERS APPLICATION AND BE APPROVED AS DEGREE SEEKING STUDENTS.

PLEASE SUBMIT THIS FORM AND ALL ACCOMPANYING MATERIALS TO:

New Orleans Baptist Theological Seminary Registrar's Office 3939 Gentilly Blvd. New Orleans, LA 70126 Fax: (504) 816 -8413

APPLICANT'S SIGNATURE	DATE	